

Application No.	Applicant(s)	_
10/666,158	LEWIS, JIMMIE	
Examin r	Art Unit	_
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MOHAMMAD Y SIKDER	2872	

		[{	SSUE C	LASSIFI	CATION										
	ORIGINAL			CROSS REFERENCE(S)											
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)												
359	872	359	873	873 850											
INTERNATIO	NAL CLASSIFICATION														
G 0 2 1	7/182														
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	1														
(Assis	tant Examiner) (Date	a)	MOHAMM	AD SIKDER	Total Claims Allowed: 14										
(egai Ins	truments Examiner)	Joy _{Gate} y	PRIMARY	EXAMINER nary Examiner)	O.G Print Claim(s)	O.G Print Fig.									
Claima	renumbered in the		,	4 a d b		To-									

	Claims renumbered in the same order as presented by applicant											☐ CPA			☐ T.D.			☐ R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
	1		2	31			61			91			121			151			181
	2	<u></u>		32			62	1		92			122			152		1	182
	3		. 3	33			63	1		93			123			153			183
<u> </u>	4]	4	34		-	64			94			124			154			184
	5		5	35			65			95			125			155		_	185
	6		6	36			66			96			126			156			186
-	7	ļ	7	37			67			97			127			157			187
	8		8	38			68			98			128			158			188
	9		9	39			69			99			129			159			189
ļ	10		10	40			70			100			130			160			190
	11		11	41			71			101			131			161			191
	12		12	42			72			102			132			162			192
	13		13	43			73			103			133			163			193
ļ <u>.</u>	14		14	44			74			104			134			164			194
	15		1	45			75			105			135	:::::: [165			195
	16			46			76			106			136			166			196
	17			47			77			107			137			167			197
<u> </u>	18			48			78			108			138			168			198
<u> </u>	19			49			79			109			139			169			199
-	20			50			80			110			140			170			200
	21			51			81			111			141			171			201
	22			52	-		82			112			142			172			202
	23			53			83			113			143			173			203
	24		- ; -	54			84			114			144			174			204
	25			55			85			115	_		145			175			205
	26			56			86			116			146	L		176	::::::[206
	27			57			87			117	_		147			177			207
	28			58			88	1		118	_		148			178	::::::[208
1	29 30			59	1		89	L		119	_		149			179			209
				60			90			120			150			180			210